

REPLACEMENT COMPARISON AND COMPUTATIONS

STATE PROJECT _____ PARCEL _____ DISPLACEE _____

DISPLACEMENT RECAP

Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
 Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
 type construction _____
 MEA : none _____ type _____
 Owner-Occupied: acquisition price _____
 Tenant: mo. rental _____ (actual _____ or economic _____)
 Average mo. cost nonfurnished utilities _____ (1)
 Average monthly income _____

COMPARABLES

No. _____
 Asking Price _____
 Mo. Rental _____ Mo. Cost-utilities not included _____ (1)
 Address/Location _____
 Owner/Listing Agent _____
 Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
 Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
 Includes any MEA(s) at displacement? y n
 If not, construction cost of MEA _____
 COMMENTS: _____

No. _____
 Asking Price _____
 Mo. Rental _____ Mo. Cost-utilities not included _____ (1)
 Address/Location _____
 Owner/Listing Agent _____
 Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
 Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
 Includes any MEA(s) at displacement? y n
 If not, construction cost of MEA _____
 COMMENTS: _____

No. _____
 Asking Price _____
 Mo. Rental _____ Mo. Cost-utilities not included _____ (1)
 Address/Location _____
 Owner/Listing Agent _____
 Heated sf _____ No. bedrooms _____ No. baths _____ DSS y n
 Garage: none _____ attached _____ detached _____ 1-car _____ 2-car _____
 Includes any MEA(s) at displacement? y n
 If not, construction cost of MEA _____
 COMMENTS: _____

COMPUTATIONS

A. PURCHASE SUPPLEMENT (Owner - Occupants 180 Days)			
1. Price Comparable No.	_____		_____
2. Purchase Price			_____
3. Acquisition Price of Subject	_____	*(2)	_____
4. Supplement (Line 2 minus Line 3)			_____
			\$0.00
B. RENT SUPPLEMENT (90-Day Occupants)			
1. Rent Comparable No.	_____		_____
2. Rent Subject Dwelling			_____
3. Average Mo. Income	_____	X 30% (3)	_____
4. Line 1 minus lesser of Lines 2 or 3			_____
5. Supplement (Line 4	X 42)		_____
			\$0.00
C. RENT SUPPLEMENT (Occupants for less than 90 days)			
1. Rent Comparable No.	_____		_____
2. Average Mo. Income	_____	X 30% (3)	_____
3. Line 1 minus Line 2			_____
4. Supplement (line 3 X 42)			_____
			\$0.00

Amount of Offer _____ \$0.00

Computed By: _____ Approved: _____

Date: _____

I certify that I have determined the supplemental payment to be as shown above and that I have no direct or indirect present or contemplated interest in this transaction, nor will I derive any benefit from the supplement payment.

- (1) Monthly rent must include utilities if size of comparable varies 100 or more square feet from displacement.
- (2) Show computations for any carve-out of acquisition price.
- (3) If income is used to compute offer, attach income certification form.